



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Transfer Student Documentation

Student Name	Initials	Birthdate	Today's Date
Parent(s) Name	Previous District/State		<u>Current</u> District/School Date of Enrollment

Complete this section ONLY for students who transferred within the state of Montana.

The student's IEP from the previous school district was:

- ☐ Implemented without change on _____(date)
☐ Implemented as amended on _____(date)
☐ Not received. A new IEP was developed on _____(date)

Date of most recent annual IEP prior to enrollment: _____

Date of most recent eligibility determination: _____

Complete this section ONLY for students who transferred to Montana from another state.

The student's IEP from the previous school district was:

- ☐ Implemented without change on _____(date)
☐ Implemented as amended on _____(date)
☐ Not received. A new IEP was developed on _____(date)

Date of most recent annual IEP prior to enrollment: _____

On _____(date) it was determined that:

- ☐ the student is eligible to be identified as a student with a disability in the state of Montana.
The student's disability category(ies) is: _____.
- ☐ a comprehensive initial evaluation must be conducted to determine if the student is eligible to be identified as a student with a disability in the state of Montana.

Administrator or Designee

Special Education Teacher